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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right L5-S1 Transforaminal Epidural Injection with Selective Nerve Root Block.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Anesthesiologist with over 8 years of experience including Pain Management.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured on XX/XX/XX after being involved in a motor vehicle accident while she was driving a X wearing her seatbelt. She developed immediate lumbar pain. She was initially seen who referred her to be seen who recommended lumbar fusion to treat her symptoms. She underwent physical therapy which she reported did not help. Past medical history is positive for a prior lumbar injury on December 4, 2012 with a herniated lumbar disc. then referred her to who opined that her pre-existing lumbar disc herniation was aggravated by the new work injury causing her symptoms to worsen.

09/10/14: MRI Lumbar Spine: Impression: L1-2: Patent central canal and foramen. L2-3: Patent central canal and foramen. L3-4: Patent central canal and foramen. Mild facet osteoarthritis. L4-5: Bulging disc, patent central canal and foramen. Moderate facet osteoarthritis. L5-S1: Bulging disc, patent central canal and foramen. Moderate facet osteoarthritis. Small central protrusion 3 mm. No root displacement. Small bilateral foraminal protrusion.

12/01/14: Progress Note: Pt seen for follow up of gripping lumbar pain and bilateral leg stabbing pain, numbness and tingling on the left more so than on the right. Symptoms were constant, variable and progressive along the buttocks, posterior thigh, lateral thigh, lateral lower leg and lateral aspect of the foot. Medications include Flexeril, Hydrocodone and Ibuprofen. Physical exam revealed bilateral paravertebral muscular tenderness with palpation. Negative Patrick test, Gaenslen's sign and Pelvic tilt test. Lower extremity strength 5/5 in all musculature. Deep tendon reflexes, 2/4 in bilateral Patellar, 0/4 in bilateral Posterior Tibialis, 2/4 in right Achilles, 1/4 in left Achilles. There was hypoestesias in the left L5 distribution. Straight Leg Raise was positive bilaterally. Ice/Heat was recommended as well as a home exercise program. stated she was asymptomatic prior to her accident at work and therefore was going to seek reconsideration for the requested left-sided L5-S1 epidural injection with selective nerve root block.

01/22/15: Procedure Note: Post-Procedure Diagnosis: Lumbar radiculopathy. Procedure Performed: 1. Left L5-S1 transforaminal epidural injection with epidurogram. 2. Left S1 selective nerve root injection.

02/06/15: Progress Note: Pt seen in follow up after the ESI. It was reported the injection took 85% of the low back pain away and 90% of the left lateral thigh and lateral lower leg pain away. There was only pressure in the low back and some tightness of the left calf. It was also reported that a bilateral lower extremity EMG-NCS dated 9/10/14 showed early L5 or S1 radiculopathy. A left L5-S1 transforaminal epidural injection with selective nerve root block was recommended as well as Neurontin 300 mg twice a day and ibuprofen 3 times a day.

02/26/15: Procedure Note: Post-Procedure Diagnosis: Lumbar radiculopathy. Procedure Performed: 1. Left L5-S1 transforaminal epidural injection with epidurogram. 2. Left S1 selective nerve root injection.

03/13/15: Progress Note. Pt seen in follow up after 2nd ESI. It was reported that although not as effective as before she reported that the posterior left leg pain completely subsided but she was also developing tingling over the left greater trochanteric region. The lumbar pain improved to some generalized soreness instead. A follow up left L5-S1 transforaminal epidural injection with selective nerve root block was recommended as well as continuing Neurontin 300 mg twice a day and ibuprofen 3 times a day.

04/09/15: Procedure Note: Post-Procedure Diagnosis: Lumbar radiculopathy. Procedure Performed: 1. Left L5-S1 transforaminal epidural injection with epidurogram. 2. Left S1 selective nerve root injection.

04/24/15: Progress Note: Pt seen in follow up after 3rd ESI. It was reported that she had 100% relief of the left leg radicular pain with only some residual left lateral ankle soreness. She was recommended to continue home exercise program and Neurontin and ibuprofen protocol.

05/29/15: Progress Note: Pt seen in follow up. She reported she was not improved despite the conservative treatment including active therapy, modification of activities, weight reduction, anti-inflammatory medications, pain medications, physical therapy, etc. The Pt wanted to proceed with a lumbar discogram to identify if she has lumbar discogenic pain. No change in PE.

07/27/15: Progress Note: Pt seen in follow up for increase in symptoms. The lumbar discogram was denied. state since the majority of her discomfort is lumbar radiculopathy, consistent with a left L5-S1 herniated disc; he recommended a left L5-S1 discectomy.

08/24/15: Operative Report: Postoperative Diagnoses: 1. Lumbar internal disc derangement. 2. Lumbago. 3. Lumbar herniated disc. Operation Performed: Left L5-S1 Lumbar Hemilaminectomy.

09/14/15: Progress Note: Pt was seen in follow up and was doing well from the left L5-S1 hemilaminectomy-discectomy. The left lower extremity pain was resolved. She was however having right lower extremity pain that was going to the posterior thigh and posterior lower leg. The pain could be an 8/10. On examination of the right lower extremity she had 1/2 reflex. Straight leg test was positive. A right L5-S1 transforaminal epidural injection was recommended and Neurontin.

09/21/15: UR: Decision: The Guidelines state there should be evidence of radiculopathy on physical examination, which is corroborated by imaging studies and/or electrodiagnostic testing and initial unresponsiveness to conservative treatment. The claimant is recently postoperative L5-S1 hemilaminectomy, discectomy on August 24, 2015, with reports of lower extremity pain. There is no true objective documentation of radiculopathy on examination, despite prior electrodiagnostic study results. Evidence of recent failure of conservative treatment, including physical therapy and oral medication, postoperatively, were not provided. Finally, the claimant has had prior injections per the records reviewed, without objective documentation of response. The request for right L5-S1 transforaminal epidural injection with selective nerve root block is not authorized.

10/27/15: UR: Decision: In this case, the patient has new condition with right sided radicular pain. This is a separate condition than the left sided radicular symptoms for which the patient has spine surgery. The patient has a pain pattern consistent with radicular neuropathic pain, physical exam findings consistent with radiculitis positive straight leg test, and image of the spine that corresponds to the radicular symptoms. ODG recommends a maximum of 2 separate time periods separated by 2 weeks for diagnostic phase epidural steroid injection. An injection at two levels would be warranted, however, no contact was made to modify. Therefore, the request for lumbar epidural steroid injection and selective nerve root block injection is neither medically necessary nor appropriate.

10/29/15: Progress Note: Pt was seen in follow up. She is using Lyrica to help her symptoms with only minimal relief. She is anxious to return to work as soon as possible but she needs to be fully functional because of the nature of her job description. To attempt to improve her symptoms, with begin physical therapy, but still recommends the right L5-S1 transforaminal epidural injection with selective nerve root block as the original EMG demonstrated bilateral L5 radiculopathy. On physical exam the right Achilles reflex was 1/4 and straight leg raise was positive.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

In this case, the patient has new condition with right-sided radicular pain. This is in addition to the left-sided radicular symptoms for which the patient has had spine surgery. The patient has a pain pattern consistent with radicular neuropathic pain, physical exam findings consistent with radiculitis, positive straight leg test, and image of the spine that corresponds to the radicular symptoms. ODG recommends a maximum of 2 separate time periods separated by 2 weeks for diagnostic phase epidural steroid injection. This criteria has been met. Therefore, the request for Right L5-S1 Transforaminal Epidural Injection with Selective Nerve Root Block is medically necessary and the previous denials are overturned.

PER ODG:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**